



Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive
St. John's, NL, A1B 0L2
Website www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Application for Initial Registration as a Pharmacy Student (To be completed by students of accredited Canadian Pharmacy Programs)

Demographic Information:

Last Name First Name Middle Initial

Maiden Name (if applicable) Date of Birth (DD/MM/YYYY) Country of Birth Gender

Current Address:

(Please give the address where you live while you are at school)

Street Address (or P.O. Box) City/Town

Province/Country Postal Code

Permanent Address:

(If you do not live at the previous address year-round, please give an alternate address)

Street Address (or P.O. Box) City/Town

Province/Country Postal Code

Phone Number:

() _____
Primary Phone Number Secondary Phone Number

Email Address:

University Email Address Other Email Address

University:

Expected Year of Graduation: _____

Have you ever been found guilty or convicted of an offence under any provincial or federal statute in Canada or another country? Yes No

If "Yes," please attach details

Are you the subject of a current proceeding relating to an offence under any provincial or federal statute in Canada or another country? Yes No

If "Yes," please attach details

CERTIFICATIONS & PAYMENT

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information on this application may be cause for revocation of registration.
- I certify that I will provide the Registrar with the details of any of the following that occur or arise after my registration:
 - A charge relating to an offence under any provincial or federal statute in Canada or another country.
 - A finding of guilt or conviction in relation to an offence under any provincial or federal statute in Canada or another country.
- I agree to abide by the requirements of the Pharmacy Act, its Regulations, Bylaws and Standards of Practice established by the Newfoundland and Labrador Pharmacy Board.
- I have read the NLPB *Policy on Collection, Use and Disclosure of Registrants' Information* and confirm that I consent to the release of personal information in accordance with this policy

For MUN School of Pharmacy Students: I understand and agree that the MUN School of Pharmacy has the right to notify the NLPB of any change in my status as a Pharmacy Student.

I have submitted:

Proof of professional liability insurance coverage in accordance with the NLPB Policy *Professional Liability Insurance Requirements for Registration*. I understand that I am responsible for ensuring that this coverage is maintained throughout the year.

An original, current certificate of conduct (issued within the past six months) from the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police or other appropriate policing agency.

Photo identification acceptable to the Board.

The current Student Registration fee as indicated in the NLPB *Schedule of Fees*.

Applicant's Signature

Date Signed

Fee Paid By: Cash, Cheque or Money Order VISA Mastercard

Please Print Full Name on Card: _____

Card #

Expiry Date

CVV # (on back of card)